497 Contribution Report

Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

							437 00	DINTRIBUTION REPORT
NAME OF FILER PARENTS FOR YES ON MEASURE U				Date of	10/00/000	Date Stamp	CALIFORNIA 497	
				This Filing	10/03/2024			
AREA CODE/PHONE NUMBER		I.D. NUMBER (if applicable)		Report No. 6		E-Filed	For Official Use Only	
(213)489-4792		1474265		Report No		10/03/2024 16:25:45		
STREET ADDRESS				☐ Amendmer to Report No.	nt 	Filing ID: 212238644		
CITY STATE ZIP		ZIP CODE	(explain below)					
Norwalk		CA	90650	No. of Pages	1			
1. Contributio	on(s) Received							
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			RIBUTOR	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		AMOUNT RECEIVED
10/03/2024	Carlos Martinez Brea, CA 92821					Sales & Engineering Mana Russell Sigler Inc	ager- CA	5,000.00
					OTH PTY			☐ Check if Loan
					□ SCC			Provide interest rate
					☐ IND ☐ COM			
					☐ OTH ☐ PTY ☐ SCC			☐ Check if Loan
								Provide interest rate
					☐ IND ☐ COM ☐ OTH ☐ PTY			☐ Check if Loan
					□ scc			Provide interest rate
						*Contributor Codes IND – Individual COM – Recipient Col	nmittee (oth	er than PTY or SCC)
Reason for Amendment:						OTH – Other (e.g., business entity) PTY – Political Party SCC – Small Contributor Committee		